PTO/SB/06 (08-03)
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|--|---|---|-------------------|---|------------------|-------|--------------------|------------------------|------------|-------------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD | | | | | | | | | Applicat | ation or Docket Number | |
| Substitute for Form PTO-875 109 1718, 372 | | | | | | | | | | | |
| CLAIMS AS FILED — PART I (Calumn 1) (Column 2) | | | | | | | SMALL | ENTITY_ | OR | OTHER THAN SMALL ENTITY | |
| FOR | | · NUMB | NUMBER FILED NUMB | | ER EXTRA | | RATE | FEE | | RATE | FEE |
| BASIC FEE (37 CFR 1.18(a)) | | | | | | 1 | | 1 | OR | | 3 |
| TOTAL CLAIMS (37 CFR 1.16(c)) | | | minus 20 = • | | | | x s • | | OR | x s= | |
| INDEPENDENT CLAIMS (37 CFR 1.16(b)) | | 45 | minus 3 = · | | | | x s= | | QR. | x s= | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d)) | | | | | | | +1 | | Q R | +3= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | TOTAL | | OR | TOTAL | | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | |
| <u>ع</u> . | 3-/Y-0 (Column 1) . (Column 2) (Column 3) | | | | _ | SMALL | NTITY | · OR | | R THAN ENTITY | |
| ENTA | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| ENDMENT | Total (37 CFR 1.18(4)) | 55 | Minus | 80 " | | | x s= | | OR | x s= | |
| MEN | Independent (37 CFR 1.16(b)) | 11 | Minus | 11 | = |] | x s= | | OR | x s= | |
| ₹ | FIRST PRESENT | ATION OF MULTIPL | E DEPEND | ENT CLAIM (37 CF | R 1.16(d)) | | +5= | | OR | + 3= | |
| | | | | | | _ | TOTAL ADD'L FEE | | OR | TOTAL ADO'L FEE | |
| | | (Column 1) | | (Column 2) | _ | | | _ | | | |
| AMENOMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NO. | Total (37 CFR 1.18(4)) | . 54 | Minus | 1,8 | s | | x s= | | OR | x \$= | |
| MEN | (37 CFR 1.16(b)) | 77 | Minus | 1/ | • | | x \$= | | OR | x \$= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | | +3 | | OR | +: | | |
| | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADO'L FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | |
| DMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total (27 CFR 1.16(c)) | • | Minus | •• | - | | X \$= | | OR | × \$= | |
| AMENDM | Independent (37 CFR 1.16(b)) | • | Minus | *** | 0 | | x s = | | OR | X \$= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d)). | | | | | | | +\$= | | ÓR | + 5= | • |
| TOTAL TOTAL ADD'L FEE OR ADD'L FEE | | | | | | | | | | | |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". | | | | | | | | | | | |

"" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2".

The Thighest Number Previously Paid For" (Total or Indexendent) is the highest number found in the appropriate boy in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete hits form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.